

# OVERPROTECTION (“Momism”)

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October 10, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *OVERPROTECTION (“Momism”)*. PSYCHOLOGICAL SCALES.  
Retrieved from <https://scales.arabpsychology.com/?p=41136>

## OVERPROTECTION ("Momism")

**Primary Disciplinary Field(s): Psychology, Developmental Studies, Family Systems Theory**

### 1. Core Definition

**Overprotection** is a psychological and behavioral pattern characterized by excessive parental care and control that significantly exceeds the necessary support required for a child's age and developmental stage. While all young children require substantial attention and guidance, the overprotective parent transforms this necessary care into coddling and guidance into outright domination. This behavior, sometimes colloquially termed "Momism" (reflecting its frequent, though not exclusive, occurrence in mothers), involves a constant state of vigilance where the parent attempts to anticipate every need and guard the child against virtually every perceived risk, regardless of how minor.

The hallmark of overprotection is the parent's persistent failure to allow the child to experience independence, frustration, or minor setbacks. The overprotective figure, who often expresses constant worry about the child's health, may shower them with excessive physical affection and become excessively solicitous at the slightest injury or discomfort. Crucially, the parent permits no other interest or responsibility to compete with their focused concern for the child's well-being and safety, effectively creating an emotional and physical barrier between the child and the external world.

### 2. Primary Effects on Child Development

The consequences of chronic parental overprotection are profound and often detrimental to the child's healthy psychological and social development. Because the child is systematically prevented from taking initiative or venturing out on their own, the natural development of **independence** is severely inhibited. This lack of practical experience in self-reliance leaves the child fundamentally unprepared for the challenges inherent in maturation and self-sufficiency.

Furthermore, constant parental warnings against danger and strict regulation of social interaction--often limiting association only to the "quietest and gentlest children"--instill profound **timidity**. The child learns to perceive the external environment as inherently menacing, resulting in deep-seated uncertainty and apprehension. Having been systematically shielded from even ordinary obstacles and minor frustrations, the child never develops essential coping mechanisms or problem-solving skills necessary for navigating the world. Collectively, these characteristics--lack of self-reliance, high apprehension, and poor coping ability--make adjustment to everyday situations exceedingly difficult and severely impair the child's ability to be accepted and successfully integrate with their **peers**, often leading to social isolation or rejection.

### 3. The Overprotection-Overindulgence Nexus

In many clinical scenarios, **overprotection** is compounded by **overindulgence**. This combined approach signifies a parenting style where the child is not only showered with excessive care and surveillance but is also flooded with material gifts and undue privileges. This dual mechanism creates a particularly devastating developmental trajectory, as it simultaneously prevents the child from learning to think and act for themselves while reinforcing a belief that all desires and necessities will be met as a matter of course, without any personal effort or demonstration of merit.

Children raised under this combined pattern frequently exhibit marked deficiencies in emotional regulation. They are likely to lack **emotional control**, display hypersensitivity to criticism, and suffer from a remarkably **low frustration tolerance** when their demands are not immediately met. Psychologically, they may develop a deep-seated fear of maturity and the responsibility associated with making their own way in life. Socially, these children often enter school displaying profound social immaturity, selfishness, and an inflated sense of entitlement, demonstrating little sense of responsibility and making consistent, often disruptive, bids for attention from authority figures.

### 4. Causal Factors of Parental Overprotection

The origins of overprotective behavior are complex, rooted in a combination of parental psychological states, historical experiences, and interpersonal dynamics. One common cause involves simple **parental uncertainty and inexperience**, where excessive care serves as an anxious buffer against perceived inadequacy in the parenting role. More intense forms of overprotection often stem from profound parental anxiety, particularly following a traumatic event such as a miscarriage or the death of another infant; the surviving child becomes a symbolic object of vulnerability, leading to constant hyper-vigilance.

Marital distress is another significant contributing factor. Parents, often mothers, who are unhappy or **sexually dissatisfied in their marriages** may unconsciously redirect their emotional energy and unmet needs onto the child, finding an exclusive, intensely gratifying emotional connection that compensates for deficiencies in the spousal relationship. Furthermore, if the child has suffered a severe illness or manages a physical handicap, the natural protective instinct may become magnified to a pathological degree, making it difficult for the parent to release control even when medically appropriate.

In some cases, the roots lie in the parent's own early life; individuals who experienced **emotional impoverishment** or neglect in childhood may attempt to overcompensate by smothering their own children with the attention they themselves never received. Lastly, a naturally domineering parental personality predisposes an individual toward controlling behavior. Crucially, academic evidence suggests that many parents adopt overprotective and overindulgent behaviors specifically to

conceal or compensate for underlying feelings of **rejection** or **hostility** toward the child, substituting genuine affection and emotional warmth with excessive physical care and material advantages.

## 5. Historical Context: The Work of David M. Levy (1938)

The clinical understanding of parental overprotection was significantly advanced by the foundational work of child psychiatrist **David M. Levy** in the 1930s. Levy's seminal 1938 publication, *Maternal Overprotection*, provided one of the earliest systematic investigations into the phenomenon, outlining the defining characteristics and long-term effects of this parenting style on children. His research helped establish overprotection as a distinct psychological syndrome with clearly defined behavioral manifestations in both the parent and the offspring.

Levy's methodology was crucial in establishing categories of overprotective behavior that allowed for clear clinical assessment. He defined the syndrome based on objective measures of excessive contact, prolongation of infantile care, and prevention of independent character development. His meticulous use of detailed case histories provided empirical support for linking specific maternal behaviors to predictable emotional and social deficits in the child, thereby laying the groundwork for subsequent studies in developmental psychopathology.

## 6. Key Behavioral Manifestations

Based on clinical observation and historical research, key behaviors associated with overprotection fall into specific categories:

**Excessive Contact:** This involves the parent maintaining constant physical or emotional proximity, often resulting in anxiety when separated from the child. This behavior is characterized by high levels of physical affection and a general inability or refusal to entrust the child's care to others, even when the child is developmentally ready for separation.

**Prolongation of Infantile Care:** The parent performs tasks for the child long after they are capable of performing them independently, such as dressing, feeding, or managing basic hygiene. This extends the period of dependence and stunts the acquisition of fundamental self-help skills.

**Prevention of Independent Character:** The parent actively discourages or prohibits the child from engaging in activities that carry even minor risks or challenges. This includes severe restriction of peer interactions, dictating educational choices based on convenience rather than challenge, and intervening immediately to solve problems the child should manage alone.

**Maternal Domination and Control:** The overprotective parent often enforces strict obedience, resulting in a child who is overly sensitive to the parent's disapproval and relies entirely on external validation. The child accepts the parent's domination passively, fearing the loss of approval more than the lack of autonomy.

## 7. Illustrative Case Study (Adapted from Levy, 1938)

The following case history, adapted from the clinical research of Levy (1938), vividly illustrates the destructive dimensions of severe maternal overprotection in an eight-year-old male subject:

The case demonstrated pathological **Excessive Contact**, evident from the mother's inability to leave the infant alone and her persistent anxiety when the child was out of sight, even at age eight. This resulted in the mother sleeping with the boy for six months, demonstrating an attachment so intense she described them as being "attached like Siamese twins." Furthermore, the mother exhibited extreme **Prolongation of Infantile Care**. She dressed the eight-year-old daily, accompanied him to school and retrieved him every afternoon, controlled his lunch choices, and persisted in going to the bathroom with him. These behaviors followed an earlier pattern of prolonged breast-feeding (13 months) and bottle-feeding until age five, actively resisting the child's natural move toward physical and social autonomy.

The mother's systematic **Prevention of Independent Character** was also clear. She changed his school to reduce the walking distance and prohibited him from playing with peers because they were deemed "rough." When he finally began interacting with other boys, she hired an older escort to accompany him, undermining his confidence and social navigation skills. The outcome was a child characterized by passive **Maternal Control**: he was anxious and obedient, accepted infantile discipline without protest, and was excessively responsive to his mother's approval. He sought to mimic her actions and relied entirely on her validation, illustrating the profound success of the mother's domination in preventing the development of a resilient, independent self.

### Further Reading

[Overparenting \(Wikipedia\)](#)

[David M. Levy \(Wikipedia\)](#)

Levy, D. M. (1938). Maternal overprotection. *Psychiatry*, 1(4), 561-609.